

DMR Death Reporting Form Instructions

1. Individual's First Name: Fill in first name of person whose death is being reported
2. Individual's Last Name: Fill in last name of person whose death is being reported
3. SSN: Fill in the Social Security number of person that died
4. Date of Birth: Fill in date of birth of person that died
5. Age: Fill in age of person that died
6. Address Line 1: Fill in street address of person that died
7. Address Line 2: Fill in additional address information like apartment number, if applicable
8. City: Fill in name of city where person lived
9. State: Fill in state where person lived
10. Zip Code: Fill in zip code where person lived
11. Phone Number: Fill in home phone number for person
12. Region: Fill in DMR Region that person lived in
13. Area Office/Facility: Select name of Area Office or Facility of person (See Dictionary #1)
14. Class Status: Enter person's class status
15. Guardianship Status: Fill in person's guardianship status (full guardian, no guardian)
16. Level of MR: Fill in level of mental retardation for the person: mild, moderate, severe, profound
17. Down Syndrome: Fill in yes or no as to whether or not the person had Down's Syndrome
18. Individual's Service Coordinator: Fill in name of person's service coordinator
19. Service Information: Enter services individual was receiving
20. PCP Last Name: Fill in last name of Primary Care Practitioner
21. PCP First Name: Fill in first name of Primary Care Practitioner
22. PCP Phone Number: Fill in phone number for Primary Care Practitioner
23. Date of Death: Fill in date person died using format MM/DD/YYYY
24. Time of Death: Fill in time person died using format HH:MM AM/PM
25. Type of Location of Death: Select location of death
26. Actual Name of Location of Death: Fill in name of place where person died
27. Address Line 1: Fill in street address of place where person died
28. Address Line 2: Fill in additional address information for where person died if applicable
29. City: Fill in city where place person died is located
30. State: Fill in state where place person died is located
31. Zip Code: Fill in zip code of place where person died
32. Phone Number: Fill in phone number to place person died

33. Reporter's Last Name: Fill in last name of person completing death report
34. Reporter's First Name: Fill in first name of person completing death report
35. Reporter's Title: Fill in title of person completing death report
36. Reporter's Area Office/Facility: Select (See Dictionary #1)
37. Reporter's Phone Number: Fill in phone number of person completing report
38. Date of Report: Fill in date death report was completed using format MM/DD/YYYY
39. Presumed Diagnosis at Time of Death: Select (See Dictionary #2)
40. If "Other" Presumed Diagnosis, Please Describe: Fill in information about diagnosis at time of death if none of the options in Dictionary #2 applies
41. Facts and Circumstances of Death: Write description of what happened in time just before death, as well as, circumstances surrounding the death
42. Did the Person have a Level II or Level III Behavior Modification Plan: Answer "Yes" or "No"
43. Was the person being restrained or in Time Out just Prior to Death?: Answer "Yes" or "No"
44. Was a DNR in place? Answer "Yes" or "No" or "Unknown" to whether a DO NOT RESUSCITATE order was written at the time of death
45. At Time of Death, receiving Hospice Services?: Answer "Yes" or "No" or "Unknown" to whether the person was receiving Hospice at the time of death
46. Is a Mortality Review Required?: Answer "Yes" or "No" or "Not Required but Requested"
47. If Requested, Reason for Request: Fill in reason why a Mortality Review was requested even though one is not required
48. Was the Senior Investigator (or Regional on-call person, if after hours) Notified by Phone Immediately?: Answer "Yes" or "No"
49. Was DPPC Notified Immediately by Phone?: Answer "Yes" or "No"
50. Date of DPPC Notification: Fill in date DPPC was notified using format MM/DD/YYYY
51. Time of DPPC Notification: Fill in time DPPC was notified using format HH:MM AM/PM
52. Was the Death Unexpected?: Answer "Yes" or "No" or "Unknown"
53. Was the Death under Suspicious Circumstances?: Answer "Yes" or "No" or "Unknown"
54. Were there any Indications of Violence (including sexual abuse)?: Answer "Yes" or "No" or "Unknown"
55. Were the State/Local Police Notified Immediately?: Answer "Yes" or "No". If answer to #54 is "Yes", must notify
56. Was the Medical Examiner's Office Notified?: Answer "Yes" or "No". If answer to #54 is "Yes", must be notified
57. If Medical Examiner's Office was Notified, did it take Jurisdiction?: Answer "Yes" or "No". If Answer to #56 is "Yes"

58. If the Individual was over 60 years old and if there are Indications of Violence, was EOEA Notified Immediately by Phone?: Answer “Yes” or “No”
59. Date of EOEA Notification: Fill in date EOEA was notified if answer to #58 is “Yes”. Use format MM/DD/YYYY
60. Time of EOEA Notification: Fill in time EOEA was notified if answer to #58 is “Yes”. Use format HH:MM AM/PM

Once 1-60 is completed, Death Report is submitted to Central Office Operations

61. Is the Death Report Accepted?: Operations at Central Office answers “Yes” or “No” to this question
62. If Not, Why?: Fill out why Death Report has not been accepted by Central Office Operations if answer to #61 is “No”
63. Death Certificate Cause of Death (Immediate): Fill in what death certificate lists as the immediate cause of death
64. Death Certificate Cause of Death (Underlying): Fill in what death certificate lists as underlying cause of death (if any)
65. Death Certificate Manner of Death: Fill in what death certificates lists as manner of death
66. Clinical Mortality Review Received?: Answer “Yes” or “No” to whether or not the Clinical Mortality Review has been received by Central Office if one is required or requested.

Upon completion of above information, the death report is submitted via fax to Central Office Operations – (617) 624-7572 - within 24 hours of finding out about the death

Once Death Report has been accepted by Operations, the Death Report is forwarded to Director of Health Services to complete report.

67. Final Cause of Death (Primary): Choose an option (See Dictionary #2)
68. Underlying Cause of Death (Secondary): Choose an option (See Dictionary #3)
69. Manner of Death: Fill in manner of death
70. Was the Clinical Mortality Review Closed at the Regional Level? Answer “Yes” or “No”